PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

plication or Docket Number

09844047

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1) (C		(Colu	lumn 2)		TYPE		OR		SMALL ENTITY	
TOTAL CLAIMS			12				Г	RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	· 710.00	
TOTAL CHARGEABLE CLAIMS) 7 minus 20=		· 6			X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	minus 3 = *		* 8			X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT		/		-	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2		ΓΟΤΑL	250	OR	TOTAL		
CLAIMS AS AMENDED - PART II								•	7.7	•	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							SMALL ENTITY OR SMALL ENT					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	* No	Minus	**		=		X\$ 9=	OF	OR	X\$18=		
AME	Independent	*CHANGE	Minus	***		=		X40=		OR	X80=		
<u> </u>	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=		
								TOTAL		اما	TOTAL		
							AD	DIT. FEE		Un	ADDIT. FEE		
		(Column 1) CLAIMS		(Colur		(Column 3)	,						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=					
										OR	+270=		
	;						AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur	mn 2)	(Column 3)							
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=	7	X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash					_	
	If the ontry in ealer	mn 1 is lose than t	ha antru in col:	mn O weite	. "N" in	lumn 3	L	135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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1/5/00

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (C						.mn (1)	SMALL ENTITY				OTHER THAN OR SMALL ENTITY		
TO	OTAL CLAIMS		(Coldinii 1)		(Column 2)		1	TYPE		OR 7			
FOR								RATE	FEE	-	RATE	FEE	
<u> </u>			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TC	TAL CHARGE	ABLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=		
! -	DEPENDENT C			inus 3 =	*			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column						column 2	L	TOTAL		OR	TOTAL	<u> </u>	
CLAIMS AS AMENDED - PART II										4	OTHER	THAN	
						(Column 3)	_	SMALL	ENTITY	OR			
AMENDMENT ®		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 16	Minus	** 2	0	_ •	./	X\$ 9=		OR	X\$18=		
	Independent	* 2 ENTATION OF M	Minus		3	=		X42=		OR	X84=		
	THOTPHESE	MATION OF W	JETTE DE	CINDENT	CLAIM			+140=		OR	+280=		
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)		<i>DDII</i> . 1 LL 1			NOOM. TEE		
AMENDMENT®		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	İ	X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		r	140		Ī			
							L	+140=		OR	+280=		
								TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE		
	and a second remains the	(Column 1)	an gang magain a sa	(Colum		(Column 3)							
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
WE	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		\vdash			\rightarrow			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=			
**	ithe "Highest Nur	nber Previously Pa	id For" IN THIS	SPACE is	less than	20, enter "20."	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													